Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA EAA
		RECEIVED	FORM For Official Use Only
Check One: Initial	Explain)	2015 AMO 16 AR 8: SU	
		· CITT Co	
1. Candidate Information:		VIII OF LUI	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL (c	optional)
KATZAKIAN PHIL O	<u> </u>)	
48 RIVER POINTE CIR	LODI		5240
	YNAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN
CITY COUNCIL			PARTY:
OFFICE JURISDICTION ⁶ State (Complete Part 2.)	_		
City County Multi-County:	Lodi	2006	
Ti Ony Li Sodani, Li mala sodani,	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Check one box) 1 accept the voluntary expenditure ceiling for the	Special/runoff election ear of Election) election stated above.		
I do not accept the voluntary expenditure ceiling	for the election stated above		
Amendment:	ne primary or special election held on:	and I accept the voluntar	y expenditure ceiling for the
(Mark if applicable) On, I contributed personal fun	ds in excess of the expenditure ceiling for the e	election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of	the State of California that the foregoing is true	and correct.	
Executed on 8-16-06 (month, day, year)	Signature POIR	Ath	
(month day year)	/Candidal	(6)	

CANDIDATE INTENTION STATEMENT